"The journey to excellence is slowed by thinking you have already arrived....."

Laura Erickson RN Trauma Coordinator, Pondera Medical Center Conrad, MT

We are...

- A 20 bed CAH with a three bed ED
- We serve 6,219 residents of Pondera County
- 1,622 square miles of area
- l ALS transporting EMS agency (hospital based)
- 1700 ED visits and ~280 EMS calls per year
- 112 Mercy Flight/EMS transfers in 2014
- TRF since 2008

Some of our processes...

- Early and Aggressive transfer to higher levels of care
- Involvement in CRTAC
- ATLS/CALS Certification of our ED Providers
- Airway management equipment refinement
- RSI kit simplification
- Early adoption of TXA, backboard avoidance strategy and video laryngoscopy

Evacuation....We call early and often

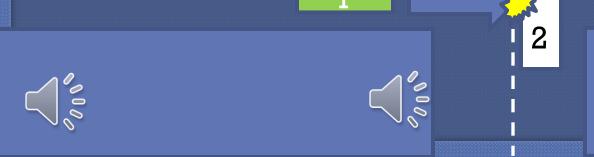


Engaging staff in the trauma program

- Look at outcomes-policies-standards
- Keep it patient focused
- Staff development for success-trauma quiz
- Build Team-Scavenger hunt
- Education and feedback
- Staff involvement in quality data abstraction and trauma registry

What happened?

- Two vehicle MVC-
- 4 people per car-
- Driver #2 stopped and then proceeded through intersection and was T-boned by oncoming car #1 at highway speed



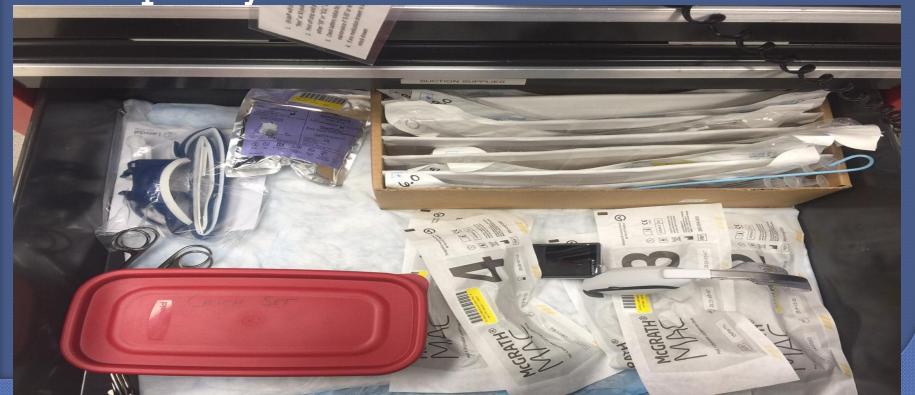
What went well and what didn't go well

- Staff communicates with Trauma
 Coordinator within 24 hours
- Post event team huddle
- Brainstorm with staff involved for their solution to improve the process
- Discuss at Trauma Committee/Staff Meetings
- Resource enhancement
- Implement process change and educate staff

Airway Management

 Video laryngoscopy with no change in traditional mechanics.

Simplicity



RSI...Simplify

A 99% solution



Balanced Resucitation

PRBC and FFP

Acute transfusion protocol-rapid infuser

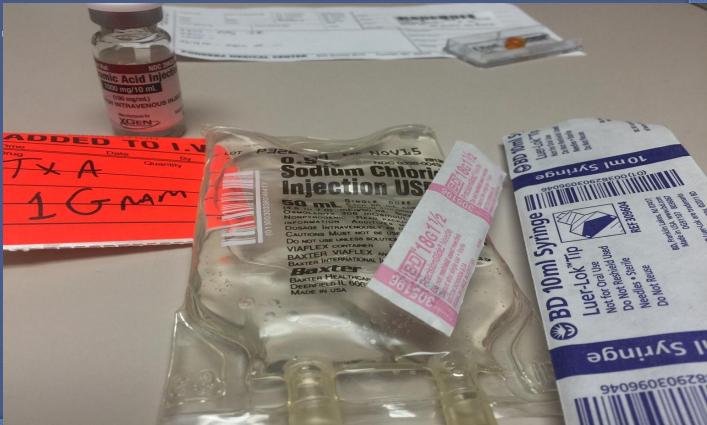


TXA

Safe and Easy...and the earlier the better.

Approved for Paramedics based on local

protocol



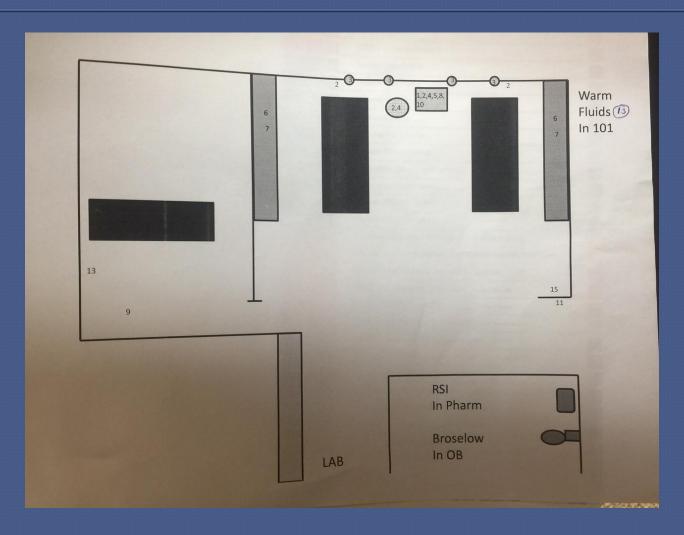
How we do "The Designation"

- They come for two reasons:
 - L To insure the standard is met
 - 2. To help us improve our ability to provide care.
- We try to make it easy to find the required criteria-color coded book
- This gives them more opportunity to coach and thoroughly analyze our deficiencies.
- The more time they have for step two, the better we can help our patients in the future.

"The Book"

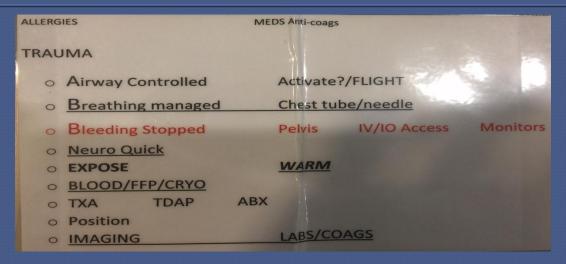
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"The Map"



Process Improvement

Checklists



- Crew (Cockpit) Resource Management
 Training-mock codes
- Cryoprecipitate-evaluating as a component for balanced resuscitation and coagulopathy reversal

EMS Data collection

Assess protocol Scene times Care trends

Ambular	Dispatch ce Time	En Route	At Scene	<u>To</u> Destination	At Destination	Response Time	Scene Time	Scene Time < 20 mins?		Male/Female	<u>Patient</u> Age	<u>Call</u> Classification	Chief Complaint	Als/Bls	<u>IV</u> Attempts	<u>IV</u> Successes	<u>IV</u> Established	Medication Provided Labetalol	<u>Vitals</u> Complete	911/Transfer	Driver	Attendant#1	Attendant #2	Notes	Trip Sheet Completed?
A3	2150	2200	2204	2219	2332	10 min	14 min	yes	Benefis	Female	67	Medical	Dizziness/H/A	ALS	1	1	20 G	Drip	Yes	Transfer	СВ	AA		Hypertensive Event	Yes
A3	1155	1204	1206	1224	1230	9 min	8 min	yes	PMC	Male	73	Medical	Altered LOC	ALS	1	1	20 G	none	Yes	911	RE	RO		Altered LOC	Yes
A3	2006	2011	2016	2043	2050	5 min	27 min	no	PMC	Female	62	Medical	Weakness	BLS	1	1	20 G	none	Yes	911	RE	SR	DR	Hyperglycemia	Yes
																		Fentanyl,Zyo							
A3	0552	0614		0714	0826		56 min		Benefis	Female	78	Medical	Abd pain	ALS	1	1	22 G	sin	Yes	Transfer	DR	CS		Abd pain	Yes
A3	1728		1736	1754	1854		18 min		Benefis	Female	28	Medical	pneumonia	ALS	1	1	18 G	none	Yes	Transfer	CB	AA		Pneumonia	Yes
A3 A3	1538 2039	2045	1549	1611 2103	1619 2106		22 min 19 min		PMC PMC	Female Male	40 57	Medical Trauma	Chest Pain fall/dizziness	ALS	0	0	0 18 G	none	Yes Yes	911 911	MK RE	AA CS	DR DR	Chest pain ETOH/Fall	Yes Yes
A3	1929	1937		1952	1953	8 min	13 min		PMC	Male	16	Trauma	neck pain	BLS	0	0	0	none none	Yes	911	RE	CS	DR	wrestling/neck pain	Yes
A3	0601	0627		0651	0756		20 min		Benefis	Male	75	Medical	Weakness	ALS	1	1	20 G	Atropine	Yes	Transfer	DR	CS	DIC	Bradycardia	Yes
A3	1557	1607		1630	1730				Benefis	Female	12	Trauma	Abd pain	ALS	1	1	20 G	Ativan	Yes	Transfer	DR	CS		kicked by horse	Yes
A3	0244			0300	0305		5 min	yes	PMC	Male	36	Medical	Abd pain	BLS	0	0	0	none	Yes	911	RE	CS	DR	vomiting/nausea	Yes
A2	1708	1714	1716	1735	1812	6 min	19 min	yes	MMC	Female	75	Medical	nose bleed	BLS	0	0	0	none	Yes	911	AM	FT	JS	severe nosebleed	Yes
A3	0156	0205	0206	0215	0220	9 min	11 min	yes	PMC	Male	24	Trauma	pain/laceratio n	BLS	0	0	0	none	Yes	911	СВ	RO	MK	MVA/lacerations	Yes

ER Data collection

- Review complications, opportunities to improve, QI filter fall outs
- Is it a trend? Do we need a new QI filter
- Decide action and document
- Benchmark data
- Continually evaluate and close the loop

Looking at undertriage

- Pre-hospital notification-EMS radio report with color coded trauma activation indicators
- Mechanism of injury- refer to Montana Field Trauma Decision Guide
- Patient falls with significant injury-trauma flow sheet

2015 Ghost Out

Homecoming Week 9/17/15



How to move your trauma program into the community to make a difference

Getting started

- Network with DUI Taskforce, Pondera County Health Department, Local law enforcement, County Attorney, Conrad School District
- Ask for permission from school board
- Faculty and Student support
- Mission statement
- Planning and coordination

Making an impact with students



Sending an important message about impaired driving and the consequences





Educating students on the reality of bad decisions

